

PERMIT EXPIRATION DATE:

TEMPORARY OUTDOOR STORAGE CONTAINER APPLICATION CITY OF UPLAND

DEVELOPMENT SERVICES DEPARTMENT - PLANNING DIVISION (909) 931-4130

PERMIT #				
APPLICANT NAME:		PROPERTY OWNER NAME:		
ADDRESS:		ADDRE	SS:	
PHONE:		PHONE	:	
E-MAIL:		_ E-MAIL	:	
	PROJECT D	ESCRIPTI	ON	
Type: Construc	ction/Remodeling Mo	ving		
Installation Period: F	rom:		To:	
Date(s) of Last Installa	ation, if any:			
Location/Address:				
	ontainers:			
APPL	ICANT CERTIFICATION/PR	OPERTY O	WNER AUTHORIZAT	ION
correct to the best of m	eby certify that that: 1) The informal period (1) the informal period (2) the informal period (2) eas indicated on this application (2) the informal period (3) the informal p	I agree to r		
Applicant Signature			Date	
	I hereby give permission to the damount of time and location(s			
Property Owner Signature			Date	
To Be Completed by City Staff				
DATE RECEIVED:	BUILDING OFFICIAL SIGN	ATURE:	FEES:	RECEIPT NO:

FILING REQUIREMENTS/REVIEW PROCESS

- Completed application.
- Site plan of the property showing the location (setback from property line) and dimensions (length, width, height) of the container.
- Filing Fee: \$65.00

Note: Typically, temporary outdoor storage containers can be approved at the time of submittal to the Planning Division, if all information is provided.